FOR INSTRUCTIONS, SEE BACK OF FORM  DISCLOSURE SUMMARY PAGE	FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT	
	For Office Use O	nly	
COMMITTEE NAME (Must be same as on Statement of Organization)	Comm. #		
Demmen for Superisor	Indexed		
IMPORTANT: Indicate type of committee you are reporting for:	Audited		
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates		27	
TylyHanni 363-876-9736	di-	164 3-	
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SI	GNED	
Routine Penalties Due For Late Filed Reports Range from			
AM FILING A    Creport date   Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.    Check if this is final (termination) reports until a Notice of Dissolution is filed.)    County which   County		ate of Election	
STATEMENT OF CASH ON HAND			
ASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A)  Schedule F: Loans Received total (Attach Schedule F)  Schedule H: Total Sales of Campaign Property (Attach Schedule H)  (Schedule H applies to Candidates' Committees Only)		109.51	
SUB-TOTAL	\$	34.5	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			

\_\_\_ YES \_\_\_ NO

be zero) (Attach DR-3) .....

CASH ON HAND at the end of this reporting period (if final report, balance must

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

For Instructions, See Back of Form

## CONTRIBUTIONS - MONEY TAKEN IN

MONETARY (Including candidate's personal funds) (Rev. 06/97) RECEIPTS COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributioner for any commercial purpose by any person other than statutory political committees.

RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF F FUN RAIS
10-17-12	CK#	Dubuge County Demante Central Comitition		\$ 275 100	INCO
10-17-12	ID# CK#	P.O. 86 Dubuque, Ia Nancy Dunkel 11764 Hickory Lave Dyersuite, Iowa Charles + Many to McCullough 117858 Pratic Creek Road		50.00	
10-11-12	ID# CK#	Charles + Many to Mc Cullough 111858 Pratic Creek Road		100-100	
	ID#	Benard, truch			
E AL	ID# CK#		and the second		
	ID# CK#		51		
7	ID#				
	ID#				
	ID#				
	CK#				
	CK#				

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

A

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

(Rev. 09/97)	EXPENDITURES
SCHEDULE B	MONETARY

COMMITTE	E NAME (Must be	e same as on Statement of Organization	01
	mmer :	1	
DATE	CANDIDATE	NAME AND ADDRESS TO WHOM	1

The second second second second second	NAME AND ADDRESS OF THE OWNER, WHEN PERSON O	· - por or or	1	
DATE EXPENDED (MM/DD/YR)		NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-2-12	CK# 1052	P.G. 8171527Cet Ad Debuge Ta 52014	Election Ad	\$ 75.00
11-12-12	ID# CK#	Dyersulle Comm. Shop 223 ist Are E Dyersulle Ia	Ad-Election	169.82
11-12-12	ID#	menards 5300 Docy St. Debuge, Ia.	Pande bugs	19.20
11-12-12	ID#	Staples 1901 PK Rd. Dubune, In	Flyers	5-87
11-12-14	ID# CK#	Advanced Designs 2685 Kerper BH. Desingue In	Carpaign T-shirts	125,30
11-12-6		Myers-Cox P.D. 180 Posta, Ia	Punde Candy	51.30
11-12-12		Dubuyer leader P.O. 817 1527 Cont Ard Dubuye, In	Thurk-you Add	75.00
	ID# CK#			

SUB-TOTAL
TOTAL (if last page of this schedule)

\$ HOLATAN 571.5%

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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